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PATENT, TRADEMARK, COPYRIGHT
AND RELATED MATTERS: ALL PHASES
INCLUDING LICENSING AND LITIGATION

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TOTAL PAGES (Including Cover Page) 1/0 **DATE:** June 8, 2005

Commissioner of Patents and Trademarks

TO: Attn.: Examiner Michael Mendoza **FROM:** Raiford A. Blackstone, Jr., Reg. No 25,156

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NOTES:

Inventors: Gradon et al.

For: Nasal Mask

Art unit: 3731

Serial No.: 10/675,198

Filed: September 30, 2003

Attorney Ref.: 1171/39402A/98A-CONT

CERTIFICATION OF FACSIMILE TRANSMISSION

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In re application of:

Serial No.: 10/675,198
 Filed: September 30, 2003
 For: NASAJ. MASK
 Applicant: Gradon et al.
 Attorney Docket No.: 1171/39402A/98A-CONT

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Tiffany E. Sexton

Tiffany E. Sexton

COMMISSIONER FOR PATENTS

P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 23	MINUS	** 26	0
INDEP.	* 3	MINUS	** 3	0

☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

SMALL ENTITY	
Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL	\$.00

OR

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 50 =	\$.00
x 200 =	\$.00
+ 360 =	\$.00
TOTAL	\$.00

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
☐ A check in the amount of _____ to cover the filing fee is also enclosed.
☒ Terminal Disclaimer
☒ Communication Regarding Terminal Disclaimer.
☒ Petition for a One Month Extension of Time.
☒ Authorization to charge deposit account.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17

Dated: June 8, 2005

Raiford A. Blackstone, Jr. Reg. No. 25,156
 Linda L. Palomar, Reg. No. 37,903
 Attorneys of Record

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

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JUN 08 2005

Serial No.: 10/675,198)
Applicant: Gradon, Smith, Haycock)
and Nightingale)
Filed: September 30, 2003)
For: NASAL MASK)
Examiner: Michael G. Mendoza)
Art Unit: 3731)
Attorney Docket No.:)
1171/39402A/98A-CONT)

CERTIFICATION OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to facsimile No. 1-703-872-9306 on: _____ Date _____ Tiffany G. Sexton
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AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated February 9, 2005, kindly amend the above-
identified patent application as follows: